MAXIMUS Federal Services

Case Number:	CM14-0005655		
Date Assigned:	02/05/2014	Date of Injury:	08/31/2005
Decision Date:	08/06/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records from 2008 through 2013 were reviewed, which showed that the patient complained of persistent neck and back pain with spasm.She also had worsening headaches accompanied by fatigue, nausea, and difficulty focusing. On physical examination, there was limited range of motion of the lumbar spine due to pain. Straight leg raise produced tenderness bilaterally. There was also tenderness noted at the sacroiliac and hips bilaterally, as well as the bilateral trapezius and paraspinal muscles to the occipital area. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, trigger point injections, lumbar epidural steroid injections, sacroiliac joint injections, and Infliximab (Remicade IV) 5 mg/kg intravenously once every 6 weeks (since at least February 2013). Utilization review from December 24, 2013 denied the request for Infiximab (Remicade) injection because of lack of documentation indicating the number of injections.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

INFIXIMAB (REMICADE) INJECTION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Infliximab (RemicadeÂ®), Tumor Necrosis Factor (TNF) Modifiers.

Decision rationale: ODG states that inflixamab (Remicade), Etanercept (Enbrel), and Adalimumab (Humira) are injectable drugs that block the effects of TNF alpha. Disc herniation and sciatica are off-label uses, but use in ankylosing spondylitis is FDA-approved. In this case, the patient was diagnosed with ankylosing spondylitis and was being prescribed Infliximab (Remicade IV) 5 mg/kg intravenously once every 6 weeks since at least February 2013 (17 months to date). The use of Infliximab is appropriate for ankylosing spondylitis. Therefore, the request is medically necessary.